



## **West Sayville Men's Golf Club**

P.O. Box 146  
West Sayville N.Y. 11796

### **Club Membership Renewal Application for Year 2014**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**MGA Handicap:** \_\_\_\_\_

**Green Key #** \_\_\_\_\_

**Card Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Renewal Fee: \$ 250.00**

**All membership fees are non-refundable upon acceptance of this application**

**Please return this application to the West Sayville Men's Golf Club  
PO. Box 146 - West Sayville NY 11796 - on or before April 12, 2014.**